

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

MAR 26 2019

AT BALTIMORE
CLERK U.S. DISTRICT COURT
DISTRICT OF MARYLAND

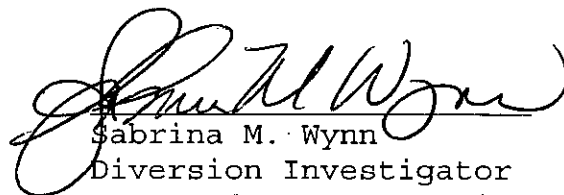
DEPUTY

IN THE MATTER OF THE) No. 19-870-SAG
ADMINISTRATIVE INSPECTION OF)
TURNING POINT CLINIC)
2401 East North Avenue,)
BALTIMORE, MD 21213-0000)

RETURN OF WARRANT FOR ADMINISTRATIVE INSPECTION

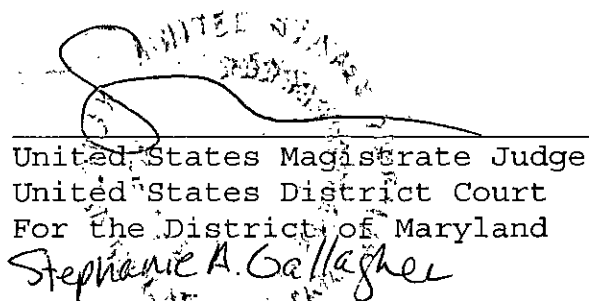
I received the attached Administrative Inspection Warrant on March 12, 2019. On March 14, 2019 at 11:30 a.m., I conducted an administrative inspection of the premises described in the warrant, and left a copy of the warrant with Reverend Milton Williams of Turning Point Clinic. The following paper and electronic records were seized pursuant to the warrant:

See attached copies of four (4) DEA-12, Receipt of Case or Other Items, and a copy of one (1) DEA-7a, Acquisition of Non-drug Property Seizures.



Sabrina M. Wynn
Diversion Investigator
Drug Enforcement Administration

Sworn to before me and subscribed
In my presence on this ____ day of
March 25, 2019.



United States Magistrate Judge
United States District Court
For the District of Maryland
Stephanie A. Gallagher

U.S. Department of Justice
Drug Enforcement Administration

(DO NOT USE FOR DRUG EVIDENCE)
ACQUISITION OF NONDRUG PROPERTY SEIZURES

1. Date Prepared: 03-15-2019	2. Case Number: GC-17-2063	3. File Title: Turning Point Clinic	4. GDEP #: YAN1M
5. Group Number: Group 38	6. Program Code:	7. Date taken into DEA Custody: 03-15-2019	8. Where obtained (Country, City, State) USA, Baltimore, MD
9. Basis:		10. Type:	
<input type="checkbox"/> Evidence <input type="checkbox"/> Forfeiture <input type="checkbox"/> Transfer in from Another Agency/DEA Office <input checked="" type="checkbox"/> Temporary Custody <input checked="" type="checkbox"/> Safekeeping <input type="checkbox"/> Transfer to Another Agency/DEA Office		<input type="checkbox"/> Cash or other Monetary <input type="checkbox"/> Recovered Official Advanced Funds, OAF <input type="checkbox"/> Property * <input type="checkbox"/> Title III-Related <input checked="" type="checkbox"/> Other (Specify) <u>Hard Drive</u>	

* Hazardous materials, including weapons, must be rendered safe or sanitized prior to submitting to Evidence Custodian. (See AM 6681).

11. If seized for forfeiture and held as evidence or for safekeeping, was a SSF prepared?

- ☐ Yes. Attach SSF and enter Asset ID (formerly CATS ID) #: _____
☒ No. Explain: 8 Hard Drives- used to image at site

12. Exhibit #	13. Name and Description of Articles	14. Appraised Valuation or Cash Amount
N-1	8 hard drives in yellow hard case.	
N-2	1 Hard Drive - in Mylar packaging	

15. If firearm, enter the following information:					
Date of NCIC Check:	If stolen, provide NCIC#:	Serial Number:	Make:	Model:	Caliber:
Date of Firearms Trace (Attach results to this document.): _____			If none, explain: _____		
If applicable, date of Ballistics Check (Attach results to this document.): _____					

16. REMARKS:

17a. Type/Print Name of Special Agent/Task Force Officer/Diversion Investigator: /s/ Sabrina M Wynn, DI	18a. Type/Print Name of Supervisor: /s/ Niketa G Prince, GS
17b. Signature and Date: 03-15-2019	18b. Signature and Date: 03-22-2019

EVIDENCE CUSTODIAN RECEIPT REPORT

19. Received from:			
Type/Print Name: /s/Sabrina M Wynn	Signature and Date: 03-22-2019		
20. Received by:			
Type/Print Name: /s/Keisha T Ellis	Signature and Date: 03-22-2019		
21. Date Entered into ENEDS/CERTS: 03-22-2019			



RECEIPT FOR CASH OR OTHER ITEMS

FILE NO.

FILE NO.
GC-17-2063

G-DEP IDENTIFIER

YAN 1 M

FILE TITLE
100-443888-100
100-443888-101
100-443888-102
100-443888-103
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100-443888-106
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100-443888-198
100-443888-199

Turning Point Clinic

DATE _____

03/14/19

BDO

AMOUNT or QUANTITY	DESCRIPTION OF ITEM(S)	PURPOSE (If Applicable)
1	DEA-228 Form Binder 10/Executed copies	Warrant
1	Suboxone Manual Records Binder	Warrant
Nothing Further		

RECEIVED BY (Signature)

NAME AND TITLE (Print or Type)

WITNESSED BY (Signature)

NAME AND TITLE (Print or Type)

SHANNON CLEGG LPN

